



02-24-04

HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/712,862	
	<b>Filing Date</b>	November 13, 2003	
	<b>First Named Inventor</b>	Gregory S. Snider et al	
	<b>Group Art Unit</b>	3676	
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	0275S-000825

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Request for Corrected Official Filing Receipt; Copy of Official Filing Receipt</b>
<b>Remarks</b>		<b>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 02-2548. A duplicate copy of this sheet is enclosed.</b>

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Harness, Dickey & Pierce, P.L.C.	<b>Attorney Name</b>	W. R. Duke Taylor	<b>Reg. No.</b>	31,306
<b>Signature</b>					
<b>Date</b>	February 23, 2004				

**CERTIFICATE OF MAILING/TRANSMISSION**

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EV 406 074 577 US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 3676

Applicant: Gregory S. Snider et al

Serial No. 10/712,862

Filed: November 13, 2003

For: Lock Set Installation Apparatus And Kit  
And Method Of Using The Same

Attorney Docket No. 0275S-000825

Request For Corrected  
Official Filing Receipt

Office of Initial Patent  
Examination's Filing Receipt  
Corrections

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Sir:

We acknowledge receipt of the Official Filing Receipt for the above-identified patent application (copy enclosed). Under Filing or 371(c) Date, please note "11/12/2003" should be --11/13/2003--. Accordingly, please correct your records and issue a corrected Official Filing Receipt.

Respectfully submitted,

By

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February 23, 2004

Enclosure



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/712,862	11/12/2003	3676	770	0275S-000825	6	15	3

CONFIRMATION NO. 8641

27572

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## FILING RECEIPT



\*OC000000011878559\*

Date Mailed: 02/11/2004

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## Applicant(s)

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 James E. Pangerc, Baltimore, MD;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 02/11/2004

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

## Title

Lock set installation apparatus and kit and method of using the same

Preliminary Class

070

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